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TWENTY CASES OF GUN-SHOT WOUNDS.

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{ UNITED STATES GENERAL HOSPITAL, HILTON HEAD,  
PORT ROYAL, S. C.

MESSRS. EDITORS,—In one of my former communications to your JOURNAL, I gave a short description of this Hospital, together with a report of some of the most important medical and surgical cases which had been treated here since it had been opened for the reception of patients. The surgical cases then referred to were composed chiefly of the soldiers who were wounded in the battle on James Island, which took place on the 16th of June last. I now propose to give you a brief sketch of a few of the cases of men wounded in the battle of Pocotaligo, October 22d, and afterwards sent to this Hospital.

VARIETY OF WOUNDS.

Amongst a large number of soldiers wounded in a battle, there must of necessity be a great variety in the character of the wounds received, arising from the locality of the injury as well as from the kind of weapon by which the wound has been inflicted. When the different kinds of missiles used in war have been hurled into the ranks of opposing armies, the buck-shot, the slug, the rifle and the Minié ball, the grape-shot, the cannon ball and the shell, all show the work they have performed, when we examine a great number of wounded men brought into a military hospital after a battle. The effects of the bayonet and the sabre are less frequently encountered. The results in this battle were not different from the usual experience under such circumstances. A classification of the wounded might have been made with reference to the kind of instrument by which the injury had been inflicted, but in cases where the ball has not been found it is not easy to discriminate. It is better, therefore, to consider the different kinds of wounds with reference to their anatomical relations.

WOUNDS OF THE HEAD.

I.—Wm. Kay, Co. F, 7th Connecticut, when brought into the Hospital was partially insensible. There was a wound in the scalp on the left side of the head, and that side of his face had a tumefied, contused and purple appearance. His left eye was swollen and closed, though he was still sensible to external impressions, would awake

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when an attempt was made to arouse him, and then his right eye became bright and intelligent. On a careful examination, it was found that he had a fracture of the cranium; that some kind of missile had struck him on the left parietal bone, near the angle where the parietal, frontal and temporal bones meet; that it had broken the parietal bone, but without entering the cavity of the cranium; had passed downwards, fracturing the temporal, malar and superior maxillary bones in its passage. On placing the hand below the inferior maxillary, which was covered by a heavy beard, a large protuberance was felt, which was movable, and had the feeling of a foreign body. On cutting down upon and extracting it, I found it to be an iron ball more than an inch in diameter, and which was afterwards ascertained to weigh nearly four ounces avoirdupois. He lived, after this ball had been extracted, over fifteen hours. The time when he received the wound could not be very accurately ascertained, but according to the most reliable accounts from his comrades, it was early in the battle, which took place on the 22d, and probably about forty-eight hours before his death. The matter of surprise is, that such a wound did not prove immediately fatal.

II.—Gottlieb Feisel, Co. K, 47th Penn., had received a wound of the scalp on the left side of the head, extending backwards across the suture connecting the frontal and parietal bones. About one inch of the length of the wound in the scalp was over the frontal, and two inches over the parietal bone. The wound, which appeared to have been inflicted by the fragment of a shell, was cut down clean and the bone laid bare. The head was shaved, and the edges of the wound were brought together and secured by sutures and adhesive straps, over which cold-water dressings were applied. His mind was perfectly clear, and no bad symptom appeared until the morning of the 27th, when he had a convulsion. He was immediately brought into the operating room, and, on making a cross incision and dissecting up the flap, I discovered that the parietal bone was fractured and a portion of it depressed. I applied the largest-sized trephine, partly over the sound and partly over the depressed portion, and through the opening a triangular fragment, nearly an inch in one diameter and an inch and a half in the other, of splintered and depressed bone, from the inner table, was extracted. The dura mater was not torn. The symptoms of compression immediately disappeared. For the first four or five days after the operation everything appeared to indicate a happy termination and to afford a fair prospect for his recovery, but symptoms of an unfavorable character then made their appearance, and he died from inflammation of the brain on the 9th of November.

#### WOUNDS OF THE TRUNK.

III.—Edward S. Smith, Co. F, 7th Conn., was wounded by the fragment of a shell, which struck him on the shoulder, over the scapula of the right side, and tore away the integuments and muscles down to the bone, inflicting a ragged wound, nearly circular, of full two and a half inches in diameter. It was found that the spine of the scapula was injured, and I removed several small pieces of bone from it. Some sloughing took place, which was removed by the application of a poultice. After a short time, healthy granulations appeared, and the wound healed rapidly, except in one place over the spine of the sca-

pula. On examination, it was found that a piece of that part of the bone, about an inch in length, had exfoliated, and was easily removed. The wound then healed rapidly, and on the 19th of November, less than a month after the injury had been inflicted, he was able to return to his regiment. This patient was a young man, of temperate habits, great physical endurance, and of hopeful mental constitution. All these circumstances contributed, no doubt, to the very favorable result in his case.

IV.—Wm. Zeigler, Co. I, 76th Penn., was struck by a round ball, which entered the left arm on the external side, a little below the shoulder-joint, and passed through transversely in front of, but without injury to, the bone. The ball entered the side immediately on its exit from the arm, and, striking against the fourth rib, glanced backwards and downwards, and was found lodged under the skin between the spinous processes of the fifth and sixth dorsal vertebrae. It was removed by cutting down upon it, the day after the battle. The whole track of the ball was not less than fifteen inches in length. Two or three small pieces of bone were removed some time afterwards, which had probably exfoliated from the fourth rib, where it had been first struck by the ball. The wound, though so extensive in its character, did not produce any severe constitutional symptoms, and healed rapidly.

This wound, though the track of the ball is less extensive than has often been met with in other cases, affords a good illustration of the erratic course which such missiles sometimes take when meeting with trifling obstructions. It will be observed that, after passing through the arm and striking against the fourth rib, the ball turned backwards, almost at a right angle to the course in which it had been previously moving.

At the time Zeigler was admitted into the Hospital, and after the wounds already described had received proper attention, it was observed that there was a slight wound on the top of the right shoulder. It had the appearance of a scratch inflicted by some missile which had passed across the shoulder horizontally, just grazing the skin. A simple dressing was applied, and in a few days it had perfectly healed, and of course it excited no further attention. About a month afterwards, however, he informed me that he felt a "hard lump" on his back, below the right shoulder-blade. On examination, I discovered a foreign substance lodged pretty deeply amongst the muscles, just below the inferior angle of the scapula. On cutting down upon it, I found, to my surprise, a Minié ball, nearly an inch in length, which I extracted. It must have passed from the wound on the top of the shoulder under the scapula, and lodged in the place where it was found, more than six inches from the point of entrance. There had been no pain, no inflammation, no difficulty in moving the right arm or shoulder, and the patient was not aware that he had been wounded on that side. He told me afterwards that after he had received the wound in the left arm and side, he fell out of the ranks and laid down in a thicket of bushes, where he heard the balls whistling about him, and that he supposed he must have received the second wound while lying there on his face, though he was not then aware of it. This statement was no doubt correct, as the course of the ball indicated that the

wound had been inflicted while he was in a recumbent position, with his head towards the enemy.

Notwithstanding these wounds, the patient recovered rapidly, and at the end of about six weeks he was reported fit for duty, and on the 2d of December returned to his regiment.

#### WOUNDS OF THE EXTREMITIES.

*Upper Extremities.* V.—Wm. Boone, Co. G, 55th Penn., had received a wound from a Minié ball, which struck the anterior part of the left arm, about the upper third of the humerus, and passed transversely directly through, fracturing and comminuting the bone. The orifices in the soft parts were very large, and I removed the fragments of the broken bone through the openings without enlargement. The wounded limb was then placed on an angular splint and permitted to remain in a proper position, in the hope that the efforts of nature might be able, to some extent, to repair the injury, and that the limb might be saved. For several days afterwards, the wound appeared to be doing well, but the inflammation continued to increase, the suppuration became very copious, and the patient's strength was gradually failing. External applications, with nourishing diet and stimulants internally, having proved unavailing, it was decided to amputate the limb. After the operation no reaction took place, and he died on the 12th of November.

Perhaps one of the most difficult problems which a surgeon has to solve, is that of determining whether a primary amputation should be performed in such cases as the above or not. In the true spirit of conservative surgery, he is desirous to spare an operation and to save a limb whenever it is possible to do so; but when the attempt proves unsuccessful, he is led to regret the course which has been pursued. It is quite probable that in this case an operation immediately after the accident might have saved the life of the patient.

VI.—Nathan George, Co. B, 47th Penn., had received a wound from an iron ball, one inch in diameter and weighing nearly four ounces, which struck the right arm on its external face, about two inches above the elbow-joint. The course of the ball tended slightly upwards, and the point of exit on the inside of the arm was about one inch higher up than the point of entrance. On examination, it was found that the os humeri was fractured, splintered and comminuted. The case was considered a favorable one for resection of the bone. An incision about five inches in length was therefore made on a line with the length of the humerus, and, passing through the wound made by the entrance of the ball, was carried down to the bone. I removed several pieces of bone, varying from half an inch to two inches in length. The end of the lower, and also of the upper fragment, was cut off by the chain saw, immediately beyond the point of injury in each, the lower fragment being cut off as low down as could be done without injury to the elbow-joint. About four inches of the length of the humerus was removed. Only one artery, and that a cutaneous one, required a ligature. The wound was then closed with sutures and adhesive straps, and the arm was placed on an angular splint.

After the operation there was no violent inflammation or extensive suppuration, and for several days there was every prospect of a favora-



ble result. The patient was then suddenly seized with a violent pain in the right side and in the abdomen, for which the remedies applied afforded but a temporary relief. He lingered till the 13th of November, and then died. On a *post-mortem* examination, it was found that a large metastatic abscess had been formed in each lobe of the liver.

It is well known to surgeons that metastatic abscess of the liver, or of some other of the internal organs, is one of the most frequent causes of death after important operations. In this Hospital, that termination has occurred in several instances. Perhaps it happens more frequently in warm climates than in temperate latitudes.

VII.—Peter W. Stocksleger, Co. H, 47th Penn., was wounded by a Minié ball, which struck the anterior portion of the left arm, about two inches above the elbow-joint, passed obliquely upwards and backwards, and went out on the posterior portion of the arm, about two and a half inches higher up than the point of entrance. The humerus was of course fractured and extensively comminuted. There being no reasonable probability of saving the arm, it was determined to amputate it. I performed the operation by the circular flap, immediately above the highest point of injury. No bad symptoms followed, and the stump healed with unusual rapidity. He was discharged on the 23d of December.

*Fore-arm.* VIII.—Wm. Kieff, Co. A, 7th Conn., wounded in the left fore-arm by a Minié ball. It entered about the middle of the arm, just at the external edge of the radius, and passing outwards and backwards, went directly through the ulna without injury to the radius. The ulna was considerably shattered and comminuted, as is nearly always the case when a bone is struck by a Minié ball. After the removal of the splinters and pieces of comminuted bone as far as possible without enlarging the wound, the arm was placed in a splint and dressed in the usual way. For a time there was a good deal of inflammation, but by the steady application of cold-water dressings and other remedies, and after one or two pieces of exfoliated bone had been removed, the excessive inflammation was subdued. It was found, however, that the ends of the bone had not united after six or seven weeks from the time the injury had been received, though some callus appeared to have been formed. The case is still under treatment, and there is some prospect that bony union will finally take place.

The reason why bones fractured in gun-shot wounds do not, as in this case, readily unite, seems to be that the vitality of the bone and periosteum is destroyed, often for a considerable distance from the point of fracture. Consequently, when a callus is formed, the dead bone is involved in it, which must be separated before a firm union can be accomplished.

#### LOWER EXTREMITIES.

*Femur.* IX.—Wm. Soly, Co. C, 7th Conn., had received a wound exactly in front of the left thigh, about two and a half inches above the knee-joint. The wound had the appearance of having been inflicted by a Minié ball, which had fractured and comminuted the bone without passing through the limb. The ball had struck a little on the inside of the centre of the shaft of the bone, and had fractured and comminuted that side, while the outside of the bone had only received a transverse fracture, leaving the length of the bone on that side undiminished. The fragments, one of them more than an inch in length, I

removed without enlarging the original wound, and the limb was then placed in Physick's Desault's splint, with just sufficient extension and counter-extension to bring the ends of the fractured bone into apposition, in the hope that a callus might be formed and that bony union might take place in the usual way. For a few days the patient was in good spirits, and appeared to be doing well, but a streak of lymphatic inflammation was then observed to be running from the wound up the limb; delirium came on, and he died, on the 9th of November, with the usual symptoms of pyæmia. In this case it is possible that an operation might have been successful, but it is understood amongst surgeons in our military hospitals that the results of amputations above the knee have not been so encouraging as to favor that practice when there is any probability that the life of the patient may be saved in any other way.

X.—Comly Idall, Co. F, 47th Penn., was wounded in several places: 1, The bone of the right thigh was broken about the upper third. 2, A gun-shot wound in the internal side of the same thigh, near the scrotum. 3, A gun-shot wound in the internal side of the left thigh, very high up, just below the scrotum; the ball entering at that point and passing backwards and downwards, came out posteriorly about the middle of the thigh. This wound was probably inflicted by a Minié ball. 4, A wound from a grape-shot, which passed transversely through the calf of the leg at its thickest part, immediately behind the bones, but without injuring them. 5, A buck-shot probably had passed through the dorsum of the penis, but without injuring the urethra.

On a careful examination of the wound on the inside of the right thigh, it was found that a grape-shot, more than an inch in diameter, had entered there, and, after having passed downwards and backwards, had fractured the right thigh bone, against which it was found embedded. After the extraction of this grape-shot, the wounds were all dressed, and the fractured limb placed in Physick's Desault's splint. After such complicated and extensive injuries, little hope of a favorable result could be entertained, and notwithstanding all our care and attention, he gradually sunk under the number and severity of his wounds, and died on the 30th of October.

XI.—Frederick Kiell, Co. K, 47th Penn., was wounded in the right thigh by a grape-shot, which struck the limb about three inches above the anterior portion of the external condyle, and passed through transversely to the posterior internal side of the limb about an inch higher up than the point of entrance. The os femoris was broken and comminuted, but not extensively splintered. The ball had passed in front of, but very near to the femoral artery. The splinters and loose pieces of bone were removed without enlarging the wound, and I then placed the limb in Physick's Desault's splint. The patient was young and vigorous, and though the fever which resulted ran high and the suppuration afterwards was very profuse, he bore it well and retained a cheerful spirit. After six or seven weeks it was found that the bone had united by callus, though the suppuration still continued, and the external wounds showed very little disposition to heal. About this time his life was placed in imminent jeopardy by a little precipitation on the part of the nurse in attempting to move the limb, which was done in such a manner as to throw the strain on the point of fracture.

This was followed by very severe pain which continued for some days, and was then succeeded by erysipelas which attacked the whole limb below the wound, even to the ends of the toes, and the thigh for some distance above the wound. After a few days, however, the erysipelas subsided and his general health began to improve. The wound still continues to suppurate freely, and there can be no doubt that there are pieces of dead bone involved in the callus, which will be finally thrown off, if he is able to bear the process without sinking under it. He is still under treatment, with a fair prospect that his youth and good constitution may finally enable him to recover from the effects of his injury.

XII.—Lewis Miller, Co. K, 47th Penn., was wounded by a Minié ball, which passed through the fleshy part of both thighs transversely behind but near to the bones above the upper third of each limb. Very fortunately, neither of the femoral bones was injured nor any important artery or nerve divided. Though the ball made a large opening in the course of its track, the wounds were not subsequently attended by any very great amount of pain or inflammation; on the contrary, they healed rapidly, and on the 2d of December the patient was able to return to duty in his regiment. This case affords a good illustration of the readiness with which flesh wounds sometimes heal, and of the small amount of inconvenience which may afterwards remain, though very extensive and severe.

XIII.—James Leitzinger, Co. A, 55th Penn., was wounded by a round ball which entered the inside of the left thigh high up, near the groin, a little behind the course of the femoral artery, perforated the fleshy parts without injury to the os femoris, and passed out nearly transversely on the other side, a little below and behind the trochanter major. The same ball slightly wounded the dorsum of the penis before entering the thigh. This wound was followed by very high inflammation and great constitutional disturbance—the pulse remaining at over one hundred and fifty for several days, notwithstanding all our efforts to subdue the inflammation and quiet the circulation. At last an extensive slough took place on the inside of the thigh of the wounded limb, but not connected with the track of the ball. By a free use of stimulants and nutritious diet, he passed with difficulty through this process, and then gained strength, when both the original wound and the sloughing surface began slowly to heal, and he finally recovered without any subsequent difficulties. He was a young man of very fair complexion and delicate constitution, and had been accustomed to a free use of alcoholic beverages. The wounded limb remains contracted and unavailable, to a great extent, for the purposes of locomotion. It is not very probable that he will ever regain a free use of it.

XIV.—John Hasseneau, Co. B, 6th Connecticut, was wounded by a Minié ball which struck the inside of the right thigh, high up, near the scrotum, and entering near the tendon of the adductor longus muscle passed downwards and forwards, coming out in front of the thigh about two inches above the internal angle of the base of the patella. It is quite surprising that the femoral artery should have escaped injury, as the course of the ball must have been for several inches very near to, and almost parallel with it, and finally, about the middle of the thigh, must have crossed the course of the artery by

passing either between it and the bone or through the muscles outside of, and in close proximity to the artery. The os femoris was not injured. The wound suppurated freely, but notwithstanding its great extent no very high inflammation took place. The patient, however, suffered a great deal of neuralgic pain in the leg and foot. There was no loss of feeling in the lower portion of the limb at any point below the wound, so that no large nerve could have been severed, but some of the smaller nerves must have been injured, which led to the manifestation of this pain in the extremity of the limb. The wound healed slowly, though without any other anomalous symptoms, and the neuralgic pains have considerably abated; but there is very little ability to extend the limb or to bring the foot to the ground, and it must be a long time, if ever, before the leg becomes very useful for locomotion.

XV.—Wm. F. Fink, Co. F, 47th Penn., was wounded by a round ball which struck the left thigh near the middle, directly in front, and passing upwards, outwards and backwards, came out posteriorly through the lower part of the glutei muscles near to, but above the tuberosity of the ischium on the same side. The track of the ball, in a direct line, was about fourteen inches; measured externally, it was two or three inches more. Neither the thigh bone nor any other bony structure received injury, nor was any important nerve or artery severed. Though a wound of such a great extent was necessarily attended with a good deal of pain and soreness, yet there was no high inflammation or constitutional disturbance. The wound healed rapidly, and the limb had almost regained its original usefulness, when, on the 21st of November, he returned to duty in his regiment.

XVI.—Charles Lefler, Co. C, 47th Penn., was wounded, probably by a round ball, which entered the external side of the right thigh and passed transversely through behind the bone and in close proximity to it. The bone itself, however, sustained no injury, neither was there any laceration of important nerves or bloodvessels. The wound was a little higher up than the middle of the thigh. At the end of about ten days a pretty large slough was removed from the whole track of the ball. The discharge of pus was rather profuse, though the character of it was good, and the wound gradually healed. No adhesions were formed by the healing of the wound which interfered materially with the action of the muscles, and it is quite probable that he will finally regain a perfect use of the limb. He returned to his regiment on the 19th of November.

It may be observed that when a ball passes through a very thick muscular portion of a limb, as the thigh or calf of the leg, the free use of the limb, after the healing of the wound, is much more likely to be regained than when some of the tendinous portions are involved in the injury.

#### THE LEG.

XVII.—Charles Bischoff, Co. K, 47th Penn., was wounded by a grape-shot which struck the left leg about the middle of the tibia, just at the crest of that bone, but glancing off a little externally, passed round the fibula and came out posteriorly nearly opposite the point of entrance. At the first view of the point of entrance and of exit of the ball, it appeared as though it had gone directly through, and that

both of the bones of the leg must have been fractured. On examination, however, I discovered that neither the tibia nor fibula had sustained any material injury. No bad symptoms, either local or constitutional, intervened, and the wound healed as rapidly as could have been expected when the perforation was made by so large a ball. It frequently happens that when a ball passes near a bone, scraping it perhaps, the bone along the track of the ball is killed, and though not fractured, exfoliation takes place before the wound heals. It is remarkable, however, in this case, that though the ball, large as it was, struck the tibia where it is covered by scarcely anything except the skin, and consequently must have grazed that bone if not the fibula also, no exfoliation of either of the bones took place, and that the wound healed as rapidly as such wounds usually heal when there is no bone involved in the injury. He returned to duty in his regiment on the 2d of December.

XVIII.—George Hahn, Co. E, 47th Penn., was wounded by a round ball which entered the left leg near the external inferior portion of the patella, and passing backwards behind the upper extremity of the fibula came out posteriorly nearly opposite the point of entrance. None of the cavities of the joint were opened, and no extraordinary swelling or inflammation was developed. The wound healed without any bad symptoms, and on the 21st of November he returned to his regiment.

This case, as well as the preceding one, affords a good illustration of the manner in which balls will sometimes pass round important parts without inflicting severe injury. In either of these cases, if the ball had passed in a straight line directly through from the point of entrance to the place of exit, the wounds inflicted, instead of being comparatively unimportant, must have been of the most serious description, and consequences of the gravest character must have ensued.

XIX.—Henry H. Hoyt, Co. D, 6th Connecticut, had received a wound from a grape-shot which had passed through the ankle-joint, from within outwards, just below the lower extremity of the tibia and fibula, injuring more or less all the tarsal bones, and of course exposing the cavity of the joint extensively. Amputation was consequently the only resource, which I performed by the flap operation about the lower third of the leg. The patient, though of a feeble constitution, was not greatly prostrated, though he was not of a hopeful disposition, and was constantly predicting that he should not recover. The appearance of the stump, however, was satisfactory till the morning of the fifth day, when it was attacked with gangrene, which gradually progressed till it reached nearly to the knee, though no line of demarcation was formed. He died on the 30th of October.

The above was the only case of gangrene which occurred in any of the wards under my care. Very few of such cases have ever occurred in this Hospital, owing, probably, to the superior ventilation it enjoys, arising from the situation of the building near the surf on Port Royal Harbor, from which a fine sea breeze is constantly blowing through it.

#### THE FOOT.

XX.—David C. Hayes, Co. A, 4th N. H., was wounded by a Minié ball, which passed through the left foot. The ball struck the dorsum and penetrated through to the sole of the foot, passing out nearly op-

posite to, but a little nearer to the toes, than the point of entrance. The ball passed between the second and third metatarsal bones near the middle of their length, taking a slight inclination downwards, as above described. It had an appearance as though the foot had just been raised to take a step when it was struck by the ball. The probe could be passed clear through the wound, following the track of the ball without difficulty, and it did not appear from the exploration which could in that way be made, that the bones were much comminuted or splintered. Cold-water dressings were kept constantly applied in the usual way, and for several days the patient appeared to be doing well. In the course of about a week, however, he complained of violent pain in the wounded extremity, which began also to swell and to exhibit other evidences of high inflammation. A streak of lymphatic inflammation extended up the limb. The patient was also affected with muttering delirium, attended by dulness of hearing. Under these circumstances it was decided to amputate the foot, which I performed by Syme's operation. On dissection of the wounded foot, it was discovered that a longitudinal fracture of one of the metatarsal bones had extended up through its upper extremity, thus opening the cavity of the tarso-metatarsal articulation, in which it was perceived that the point of the most intense inflammation existed. This discovery explained the cause of the aggravated character of the train of symptoms which had taken place, the mere passage of a ball through the foot being considered scarcely adequate to produce such a result. We were disappointed, however, in our hopes that the operation might be successful, and the patient died on the 12th of November, with all the symptoms of pyæmia.

#### CONCLUSION.

The foregoing cases have been selected from a large number of the wounded in the different wards of this Hospital which have been under my care, and I therefore present them as a record of my own individual experience in the treatment of gun-shot wounds. It would have been easy to have greatly extended them by the addition of a number of other cases possessing equal interest and instruction with those I have here presented, but I fear I have already exceeded the limits I ought to have observed in relation to space in your JOURNAL, without reference to the exhaustion of the patience of your readers.

It is my intention in a few days to proceed North, and probably I shall not return, at least for the present, to this Hospital, which I leave, however, with much regret on account of the many pleasant and friendly associations I have formed here with those engaged in the management of it. For the present, therefore, I shall take leave of you from this place. As I am desirous, however, to do all I can to alleviate the sufferings of the victims to this wicked rebellion, I shall, as soon as my own health is a little recruited, again continue to render my professional services in some place further North, which will agree better with me; and then if I meet with anything worth recording, I shall again send it for insertion in your JOURNAL. Till then, I shall remain  
Very respectfully yours, THOS. T. SMILEY, M.D.

*December 24, 1862.*

VERY LARGE COLLECTION OF HARDENED FÆCES THROUGHOUT  
THE LARGE, AND THE GREATER PART OF THE SMALL  
INTESTINE; PERFORATION, WITHOUT THE  
USUAL CONSEQUENCES.

[Read before the Suffolk District Med. Society, and communicated for the Boston Med. and Surg. Journal.]

By CARL BOTH, M.D., BOSTON.

On the 16th of last March, I was called to a gentleman, 64 years of age, who had always been very regular in his habits, and had suffered but little, if at all, from sickness, till two or three years ago, when he had occasional vertigo and costiveness, for which he took blue pills. He was also troubled at one time with œdema of the lower extremities; a journey, he thought, cured him. During the winter of 1861-62, he complained of occasional pains in the lower part of the abdomen and pelvic cavity, with at times an attack of colic; no dejection being obtained without the aid of purgatives. In September, he suffered from a severe attack of vomiting, and was relieved by his physician, Dr. Windship, of Roxbury. Afterwards he was induced to try a homœopathic practitioner, and was treated by him three weeks; during which time he probably had peritonitis, and subsequently discharged mucus, oftentimes stained by blood. His homœopathic friend, despairing of a cure, gave up the case. The patient was enabled to go out occasionally, taking rhubarb, magnesia, &c., as cathartics. On the 19th of last January, he was attacked with a severe pain in the region of the stomach for some fifteen hours, and was again relieved by his former attendant, Dr. W. He recovered so far as to leave his bed; had a good appetite; used brandy and wine as stimulants, but was obliged to take purgatives, which always gave pain and nausea.

When I saw him, on the 16th of March, he was much prostrated. Abdomen tender; and in the left iliac region there was a tumor of considerable size; being dull there on percussion, while the other regions of the abdomen were tympanitic. Auscultation denoted powerful peristaltic motions, principally where the tumor was; the effect of a cathartic recently taken. Pulse 120. Nausea urgent, and with violent pain in the abdomen. Discharges dark brown, thin and very offensive. Urine high colored; otherwise normal. Complaints of strangury. Skin dark, dry and hot, especially on soles of feet and hands.

My diagnosis was ileus. This could be produced—1st, by accumulation of feces in the colon; 2dly, by incarceration or stricture of the intestine; 3dly, by carcinoma. I was inclined to believe, from the symptoms, that it was a stricture with accumulated feces, and used such remedies as were indicated, but was obliged to omit internal treatment, owing to the extreme irritability of the stomach. My object was to empty the intestines at all hazards, and I relied entirely upon strong medicinal injections. After pursuing this course for two days, the dejections were less offensive, and the mucous discharges ceased; but there was no appearance in them of hardened feces. His pulse varied from 94 to 110.

On the 30th of March, he refused all food, and his strength had been gradually declining. Before using the injections, his abdomen was tumid; but this gradually disappeared, and the swelling in the left



side became more apparent. All the symptoms at that time convinced me that I had been in error, and that the case was one of extensive carcinoma; and in this opinion I was confirmed by Drs. E. H. Clarke and H. J. Bigelow. The peculiar appearance of the patient, the group of symptoms and the apparent tumor, seemed to leave no room to question our diagnosis of carcinoma. At this time he was much reduced by nausea and violent pains. Having used opiates freely on different occasions, and with little or no effect, and wishing now to relieve his very severe pain, I threw into the rectum, in milk as a vehicle, one ounce of laudanum, which I believe was of pure quality. This was not retained many seconds, and produced no narcotic effects, but was followed by some relief of pain for about twenty-four hours. The last two days he complained of an inability to discharge from the bowels, passed nothing but flatus, and died on the 18th of April.

*Autopsy.*—The duodenum and jejunum exhibited nothing unusual. On carefully turning back a fold of the jejunum which crossed the bladder, faecal matter was at once seen in the peritoneal cavity; and a large handful of consistent fæces was removed from a circumscribed cavity formed by the ileum, the fundus of the bladder, and the folds of the jejunum; this cavity not communicating with the general cavity of the peritoneum. The intestines about the cavity were matted together by strong, old peritoneal adhesions. The inner surface exhibited a blackish appearance, showing beyond a doubt that the escape of faecal matter had taken place some time before death. Connected with this cavity was a fold of the jejunum, the two extremities of which were nearly drawn together by the adhesions so as to impede the free passage of the faecal matter through it, and just above the most constricted part were found three or four apertures from two to four lines in diameter, through which the discharge had taken place. The jejunum, ileum, cæcum, colon and rectum were completely filled with very dry and solid fæces, as if they had been there for a long period, whilst liquids were permitted to pass by. The bladder was very small, and the walls thickened, but it was otherwise healthy. The liver, spleen and kidneys were normal. The rectum was found greatly enlarged; its transverse diameter, at the largest part, when cut open, measured about twelve to fourteen inches, and was crowded with hardened fæces; the other portion of the alimentary canal not being much if at all enlarged. The mucous membrane of the rectum showed signs of chronic inflammation, while there were none elsewhere.

*Remarks.*—The rectum must have been enlarged for a long time, which accounts for the pains in the pelvic cavity which the patient experienced in the winter of 1861–62. The œdema of the lower extremities may have been produced by the masses in the colon pressing upon the iliac veins. Some unusual exercise taken last October, undoubtedly caused such pressure of the hardened fæces in the rectum on the bladder, as to produce acute inflammation, and subsequently the adhesion of this organ to the jejunum and ileum which were found on dissection. After that time the rectum must have been emptied, and remained thus until I used the injection of laudanum, because he had passed since October, except after taking a cathartic, nothing but clear mucus, stained often by blood; I would also not have been able to have injected easily into the rectum about two pints of liquid, or at least should have felt resistance on introducing the tube, which last I

did feel when I tried to inject the laudanum shortly before death. It is remarkable, when the rectum was evacuated, that I did not succeed in emptying the colon by the injections, which were so strong that they affected his stomach.

The above case is without a parallel, so far as I can ascertain, in regard to the great accumulation of feces and the consequences thereof; and it is to be regretted that a correct diagnosis was not made in time, as a course of cathartics and cathartic enemata would probably have saved the life of the patient, and perhaps fully restored him to health.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY  
BY FRANK A. CADY, M.D., SECRETARY.

THE last meeting of the Berkshire Medical Society was held in Pittsfield, at the Medical College, April 29th, 1863. The President, Dr. Jennings, in the chair. On motion of Dr. H. H. Childs, it was voted to admit Dr. E. G. Wheeler, of Becket, a member of the District Society. The report of cases being called for, Dr. WHEELER reported the following:—

*Abscess communicating with the Gall-Bladder.*—Was called, Sept. 23d, 1862, to see Timothy Snow, of Becket, 79 years of age, because of a hard, red tumor, which had appeared about an inch and a half above the umbilicus and half an inch to the right of the median line. The patient had suffered pain in the right side, extending across the epigastrium, for two or three months previously. Had taken severe cold, after profuse perspiration, caused by unusual physical exertion, about the middle of June, and thought he began to feel the pain directly after that time, yet continued to perform an unusual amount of labor for a man of his age, through the haying season. The pain in his side was always increased by exertion. At the time of Dr. W.'s first visit, the general health of the patient was considerably impaired; tongue covered with a yellowish-brown coating; pulse rather slow and weak; slightly jaundiced tinge of skin and conjunctiva; loss of appetite and general prostration. On examining the tumor, Dr. W. found it to be of the size of a pigeon's egg, hard, red, and slightly raised above the surrounding surface. It had the appearance of an ordinary abscess in its early stage. Prescribed five-grain doses of blue mass, night and morning, for two days, to be followed by sulphate of magnesia; and emollient poultices to be applied to the tumor. Saw him again Sept. 29th. Found the symptoms improved. Tongue clear; yellowness had disappeared, but the patient still complained of weakness and had no appetite. The abscess had increased in size, was more prominent, and the pain had changed from a "heavy aching" to a sharp, darting sensation. He had chills at irregular intervals. Fluctuation was distinctly manifest, but Dr. W. did not decide to make an opening, although at that time he did not suspect the real nature of the abscess. Directed quinine and salicine in alternate doses, and continuation of the poultices. Oct. 3d, found the patient much im-

proved in general health, with some desire for food. Abscess soft and pointed; integuments thin and of a purple color. Dr. W. made a free puncture, and a large quantity of thick, yellow pus, with streaks of a greenish cast, was discharged, but no peculiar odor was noticed. Directed the poultices to be continued; also the administration of quinine, brandy and a generous diet. From that time (as he had heard from the family) the patient improved till he had nearly regained his usual health, and Dr. W. did not expect to hear anything more of the abscess; but, Feb. 16th, four and a half months after opening it, he was again called to the patient. On arriving, he learned that the puncture had nearly closed, but a fistulous opening had remained, from which there had been a small, but "constant discharge of almost colorless matter." For a few days previous to his being called, there had been redness, pain and tenderness about the orifice, and that morning he had found, on the compress and in his clothing, nine gall-stones. From this period to that of his last visit, April 15th, 1863, thirty stones in all had passed through this same opening. The patient continued comfortable, and was able to perform a considerable amount of labor. Dr. W. remarked that the case possessed a peculiar interest, as the symptoms of hepatitis, previous to the formation of the abscess, had been so obscure and the general functions so slightly interrupted, and also from the absence of that horribly fetid odor which is usually emitted in the matter discharged from an hepatic abscess.

Dr. W. also referred to a case, in which the liver was adherent to the diaphragm, which was perforated, and the matter made its way through the lungs to the bronchi, and was discharged by the mouth. In this case, a large quantity of greenish-yellow fluid, mixed with pus, of an exceedingly offensive odor, was expectorated. The abscess was very large. The sac is still preserved in the Museum of the College of Physicians and Surgeons of New York.

*Dislocation of the Humerus into the Axilla.*—Dr. DUNCAN, of Williams-town, reported a case of dislocation of the humerus into the axilla, which he was unable to reduce by the usual method, because of the resistance, as he thought, of the deltoid muscle. He afterwards succeeded in so doing, by fixing the scapula, and drawing the arm directly upwards.

Dr. GREEN said, that while he did not ignore resistance induced by muscular contraction, he believed the chief obstacle to be overcome was the capsular ligament; and that in experiments on the subject, he had found, where extension was made in the direction recommended by surgical authorities, both in luxations of the humerus and femur, that the head of the bone did not, as a rule, return readily through the opening by which it made its escape, and that by the great extension required, the laceration was generally enlarged, or the ligament ruptured in another place.

*Double Convergent Strabismus.*—Dr. GREEN reported the case, which was believed to be congenital, and was entirely relieved by dividing the internal recti muscles. Also a case of parotid tumor, removed by him; and referred to the solubility of such tumors in alcohol.

*Bite of a Dog—Treatment of Hydrophobia.*—Dr. LAWRENCE, of Adams, reported a case of the bite of a dog, which occurred some three months ago. It gave no trouble until within a few days, when the old cicatrix grew painful, tender, and swollen; the pain and redness ex-

tending up the arm to the shoulder. The question of a specific poison in the case, was discussed by different members of the Society.

Dr. CHILDS referred to the fact of having himself suffered from hydrophobia some years since. Believed he was cured by twenty-grain doses of calomel, repeated every four hours, till an hundred grains had been taken, when he was relieved. The poison, in his case, was conveyed by a scratch from a young lady, who was laboring under hydrophobia, and who died two days after inflicting the wound upon him.

*Chorea.*—Dr. SMITH reported three cases of chorea, two of which had followed rheumatism. In his experience, this disease had generally been preceded by rheumatic inflammation. These cases were all treated with *actea racemosa*, as the chief remedial agent. *Veratrum* was given in one of the cases, in which rheumatism had existed.

Dr. LAWRENCE had been in the habit of relying upon Fowler's solution of arsenic in chorea, with invariably good results.

Dr. GREEN had used carbonate of iron, and the result of treatment with that drug had, in his experience, been entirely satisfactory.

Dr. DUNCAN had relied chiefly on iron, in the treatment of chorea, and asked whether others might not have failed to obtain relief through this remedy, because of the impurity of the drug; stating that he had often analyzed the carbonate of iron obtained from the shops, and had seldom found any that was pure.

*Puerperal Convulsions.*—Dr. CADY reported the following case of puerperal convulsions. Was called at 9 o'clock, P.M., April 28th, 1862, to see Mrs. V. C., 22 years of age, eight months advanced in first pregnancy—suffering at the time, as she had been for two hours previous, with severe pain in the epigastrium, extending to either side, when taking a full inspiration. Prescribed ten grs. Dover's powder, and a mustard paste to be applied over the epigastrium. Was again called at 11 o'clock; found the pain more intense, continuous, with frequent exacerbations of a spasmodic character. Gave gr. iss. pulv. opii. with gr. iii. camphor, which she vomited after about fifteen minutes. Waited a half hour, then gave gr. ii. opii. with grs. iv. of camphor, which were retained. In forty minutes after taking second powder, she began to have slight jerking of the muscles, which was soon followed by a severe tetanic convulsion; this lasted fifteen minutes, and left her in a completely comatose state. In this condition she remained till 1 o'clock, when she had another convulsion, of much greater severity than the first. The coma continued, pulse 150 per minute; some rigidity of the extremities remained after the spasm had ceased. The third convulsion occurred at 2½ o'clock, not unlike the preceding, except an increased lividity of the surface, and the respiration more stertorous. At 4 o'clock 10 m., she had a fourth, very severe, after which she was bled from the arm twenty ounces. Fifth spasm occurred at 5½ o'clock, labor-pains occasionally between spasms. The os high in the pelvis, slightly dilated. Another severe convulsion, preceded by spasms of the muscles of the eyes and extremities. 6½ o'clock, another, lasting four minutes. At fifteen minutes before 7 o'clock, another, very slight. 8 o'clock, after labor-pains and great restlessness, another spasm of great intensity; dilatation progressing slowly. 8 o'clock 45 m., severe convulsion, preceded by frequent labor-pains. 9 o'clock 30 m., another; respiration suspended for three minutes after convulsive action had ceased. At 10½ o'clock, an-

other and severe spasm; labor-pains slight. 10 o'clock 45 m., spasm, frothy mucus pouring from mouth. After the subsidence of the convulsion, Dr. C., with some difficulty, applied the forceps, although the dilatation was slight and the os high in the pelvis. Strong traction was made for two hours. Pains increased in frequency (with constantly-recurring spasms), but not in efficiency. Not succeeding in removing the child with forceps, the head was perforated, and the patient delivered. The child bore evidence of vitality having been extinct for several days. No convulsions occurred till 5 o'clock, P.M., when they returned in a mild form, and continued at irregular intervals till 11 o'clock, at which time they ceased. After 48 hours, the patient became conscious. Although she did not recover her memory for nearly a month, restoration was ultimately complete.

The July following, Mrs. C. again became pregnant, and went through the first six months without more constitutional disturbance than is usual in such cases. After that period her digestion became somewhat impaired, the lower extremities œdematous, and subsequently the hands, and even the face, began to swell. Under the influence of diuretics, mild cathartics, tonics and a generous diet, the dropsical effusion soon disappeared, and during the last months of pregnancy no patient whom he had ever attended appeared in better condition than she.

Was called to attend her through her second confinement, 11 o'clock, A.M., April 21, 1863; had moderate pains at intervals of fifteen minutes, which gradually increased in severity, and the labor (which was not severe) terminated at 2 o'clock 15 m., P.M.

The patient remained comfortable until 4 o'clock, A.M., of the 22d, when she began to complain of pain in the head, which continued till 6 o'clock, when she had a slight spasm, lasting about four minutes. Was quiet and conscious for nearly an hour; then complained of "headache" and uncomfortable sensation in the epigastrium. At 7 o'clock, had a convulsion of greater severity and length than the first. Was delirious for twenty minutes after the termination of the spasm. The tongue had now become slightly swollen, the respiration slow and heavy, and in this condition she remained till 8 o'clock 10 m., when a severe convulsion came on. The head was now drawn back, the hands clenched, and the face more livid than in any previous spasm, and all the muscles of the body rigid. After its subsidence, she was conscious for a few minutes. At 8 o'clock 45 m., another of short duration, followed by coma, lasting twenty minutes. At 9 o'clock 20 m., another spasm, followed by complete coma. The next convulsion came on at 9 o'clock 55 m., lasting nine minutes. Remained comatose twenty minutes, then became wildly delirious till another convulsion ensued (at 10½ o'clock), after which she became comatose. From this time the spasms recurred at more distant intervals, and with less severity, till 3 o'clock, P.M., when they ceased altogether. The respiration became easier, the surface less livid, the pulse slower and more regular. In this condition she remained till 5, A.M., of the 23d, when the breathing grew stertorous, the pulse frequent, and the pupils less susceptible to light. At six o'clock she died.

In this case the convulsions always followed uterine contraction (or after-pains), and the treatment of the case was intended to diminish the disturbance thus produced. It consisted in removal of all coagula

from the uterine cavity, enemata, containing each one half a grain of morphia, every three hours, cataplasms over the epigastrium, counter-irritation to the upper part of the spine, and cold applications to the head. Venesection affording no relief in the previous attack, was not resorted to in this case.

On motion of Dr. Miller, it was resolved that a committee of finance be appointed, to aid in making arrangements for the annual dinner. The following were elected:—Dr. Frank A. Cady, Chairman; Hon. Thos. F. Plunkett and Dr. H. H. Childs.

The following persons were appointed a Committee of Arrangements for the anniversary dinner:—Drs. C. T. Collins, Holcomb, Miller, A. M. Smith, Lawrence, Green, Cady.

*Voted*, That the Committee meet on the Wednesday preceding the next meeting of the Berkshire District Medical Society.

*Voted*, That the Secretary of the District Medical Society notify the members of the Committee of the time of said meeting.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JUNE 25, 1863.

MASSACHUSETTS MEDICAL SOCIETY.—The annual meeting of the Massachusetts Medical Society, which took place at Pittsfield, on the 17th inst., was one of the most agreeable anniversaries which have yet occurred in its annals. A large number of Fellows availed themselves of the occasion to escape from the daily routine of professional life, and spend a brief holiday amidst the beautiful scenery of Berkshire. The citizens of Pittsfield spared neither labor nor expense in providing for the wants of their guests, and in contributing to their entertainment. Many of them opened their doors for the accommodation of the large number of Fellows who were unable to obtain lodgings in the hotels, and several of them entertained the members at their houses on the evenings of the 16th and 17th. To the Committee of Arrangements the Society is largely indebted for their successful management of all the details relating to the meeting. A highly interesting exhibition, consisting chiefly of calisthenic exercises, was given to the Fellows by the young ladies of the Maplewood Institute, by the courtesy of the Rev. Dr. Spear, the able head of the establishment. The Messrs. Tilden, whose medicinal preparations are so extensively and favorably known, invited such of the members as were able to remain after the meeting, to visit their extensive laboratory and gardens at New Lebanon, and to witness the process of manufacture of vegetable extracts *in vacuo*.

In presenting his annual report as Treasurer, Dr. GOULD announced his intention of not becoming again a candidate for the office. Much regret was expressed at the retirement of an officer to whom the Society has been for more than nineteen years indebted for the most faithful and efficient services, and the thanks of the Councillors were unanimously tendered him. The Treasurer represented the financial affairs of the Society to be in an improved condition, and anticipated

an early liquidation of the debt under which the Society has labored for several years past.

The following officers were chosen for the ensuing year:—

*President.*—Dr. Josiah Bartlett, of Concord.

*Vice President.*—Dr. Ebenezer Alden, of Randolph.

*Corresponding Secretary.*—Dr. B. E. Cotting, of Roxbury.

*Recording Secretary.*—Dr. W. W. Morland, of Boston.

*Treasurer.*—Dr. Francis Minot, of Boston.

*Librarian.*—Dr. W. E. Coale, of Boston.

*Orator.*—Dr. J. Mason Warren, of Boston.

*Anniversary Chairman.*—Dr. H. J. Bigelow, of Boston.

*Committee of Arrangements.*—Drs. W. E. Coale, Ezra Palmer, W. E. Townsend, Anson Hooker and Francis Minot.

The meeting of the Society was held on the following day, at 10 o'clock, in the Berkshire Medical College. Delegates from the State Societies of New York, Connecticut and New Jersey were present, and delegates to the societies of all the New England States, of New York and New Jersey were appointed. Dr. H. R. Storer, of Boston, read an interesting paper on the Employment of Anæsthetics in Obstetric Surgery and Medicine; and Dr. Swinburne, of Albany, N. Y., presented a paper on the subject of Ambulance Corps, which was referred to the Councillors.

At 12 o'clock, Dr. MORRILL WYMAN, of Cambridge, pronounced the annual discourse; an able and eloquent vindication of the claims of medicine to the confidence of the public, and which was listened to with deep attention and interest.

The dinner, which took place at West's Hall, at 2½ o'clock, was tendered to the Fellows of the Society by the citizens of Pittsfield, and was all that taste and liberality could devise. About two hundred gentlemen were seated at the tables. Dr. H. H. Childs, of Pittsfield, presided as Anniversary Chairman. Among the invited guests we noticed Dr. Alden March, of Albany, President of the American Medical Association; Dr. Hopkins, President of Williams College; Rev. Dr. Todd, of Albany, and many others.

Before leaving the table the following vote was unanimously passed:

*"Resolved,* That the thanks of the Massachusetts Medical Society be presented to the Fellows of the Berkshire District Society, to the physicians, Principal of the Maplewood Young Ladies' Institute, and citizens of Pittsfield, for their cordial welcome and generous hospitality; which, in connection with the pure air and unsurpassed mountain scenery of this delightful region, have made this one of the most pleasant and interesting of our annual gatherings."

Most of the Fellows returned to their homes immediately after the dinner. A few, more fortunate, were able to linger for a day or two in the enjoyment of this romantic region.

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POSITION OF THE HEAD IN TURNING.—We have received the following letter respecting the case of ruptured uterus reported in a recent number of the JOURNAL by Dr. Fifield, from a gentleman well versed in the theory and practice of obstetrics.

MESSRS. EDITORS,—My attention has been called to an article in your JOURNAL, dated May 28th, detailing a case of ruptured uterus, result-



ing in the death of both mother and child. The writer informs us that, while "the head occupied the pelvis," the trunk being already born, he found himself unable, even with a force sufficient to fracture the lower jaw, as well as "the right and left orbits," to produce flexion, so as to bring down the forehead; "but a slight force applied to cause the descent of the occiput was immediately successful"; and he is hence led to entertain a doubt whether, "in breech cases and cases of version," it were not more natural and better, where the head comes to occupy the pelvis, that the occiput should descend first rather than the chin!

It is much to be regretted that he did not tell us which extremity of the occipito-mental diameter ( $5\frac{1}{2}$  inches in length) was in advance when he made his ineffectual efforts to bring down the chin and forehead. If the occiput, it is not strange that it persisted in maintaining its vantage ground, for it is not easy to invert, or, as Dr. Meigs has it, to "see saw," a diameter of 5 to  $5\frac{1}{2}$  inches in a pelvis whose longest diameter does not exceed  $4\frac{1}{2}$  inches. But, if the chin entered the pelvis first, and had descended, so that "the head occupied the pelvis," and, in that state of the case, the occiput was indeed *easily* brought down so as to be born before the chin, it is assuredly a most remarkable fact, and well worth relating. But it would still be only an *isolated* fact; and, until it can be made to appear that the head plus the neck and shoulders will pass through and out of the pelvic cavity more easily than the head *per se*, it will hardly suffice to reverse and revolutionize the rule of practice in such cases already established. I cannot help imagining that, at the time when the efforts were made to bring down the chin, it was actually higher up in the pelvis than was the occiput—and, if so, that would furnish a sufficient reason for their having proved unavailing.

It seems to me that a little reflection must convince any one that the most favorable position for the head to pass in a footling case is that of the chin resting on the sternum, and that any deviation from this is, to say the least, unfortunate.

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NEW PROFESSORS IN HARVARD UNIVERSITY.—By a recent vote of the Corporation, Dr. Calvin Ellis, of this city, has been appointed Adjunct Professor of the Theory and Practice of Physic in the Medical Department of Harvard University. A more fortunate selection than this for the College certainly could not have been made, and we are confident that it will prove completely satisfactory both to the profession and to the large body of medical students with whom the new professor is so popular. Dr. Ellis has had a large experience in teaching as Assistant in Pathological Anatomy, and shown himself particularly adapted to impart to others the varied knowledge he possesses.

Prof. Walcott Gibbs, of New York, has also been chosen to fill the Rumford Professorship, made vacant by the resignation of Prof. Horsford, and to take charge of the Chemical Department of the Scientific School.

THE SANITARY REPORTER.—We have received the first number of a paper published under this title for gratuitous distribution among Soldiers' Aid Societies and persons who take an interest in the objects and works of the Sanitary Commission. It is intended as a means of

promoting the comfort, health and efficiency of our Army and Navy, and is under the direction of the Western Department of the United States Sanitary Commission at Louisville, Ky. It contains interesting reports of the condition of our soldiers in the Western States and Mississippi Valley, and promises to be of great advantage to the interests of the Commission.

At the 52d annual meeting of the Rhode Island Medical Society, recently held, Dr. Henry E. Turner, of Newport, was chosen *President*, and Drs. J. Jervis Smith, of Chepachet, and Otis Bullock, of Warren, *Vice Presidents*; Drs. B. Lincoln Ray, of Providence, *Rec. Secretary*; Chas. W. Parsons, of Providence, *Cor. Secretary*; J. W. C. Ely, *Treasurer*; Timothy Newell, *Librarian and Cabinet Keeper*, Northern District, and T. C. Dunn, do. Southern District; David King of Newport, Jos. Mauran and J. W. C. Ely of Providence, J. H. Eldredge of E. Greenwich, Wm. A. Shaw of Wickford, Sylvanus Clapp of Pawtucket, Geo. W. Jenckes of Woonsocket, and Job Kenyon of Coventry, *Board of Censors*; Mauran, King, Bullock, Collins, Snow, *Registration Committee*; C. W. Parsons, J. Ray and Ely, *Committee on Publication*; Baker and Collins, *Auditing Committee*; Ely and B. L. Ray, *Dinner Committee*. The annual address was delivered by Dr. David King. No prize was awarded by the Trustees of the Fiske Fund.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 20th, 1863.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	28	24	52
Ave. mortality of corresponding weeks for ten years, 1853—1863,	37.3	32.9	70.2
Average corrected to increased population	00	00	77.29
Death of persons above 90	1	0	1

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
10	1	1	3	0	1	3	0

COMMUNICATIONS.—Papers have been received from Prof. Thos. D. Mitchell, of Philadelphia, and Assistant Surgeon Isaac Smith, Jr., U. S. Marine Hospital, New Orleans, La.

JOURNALS RECEIVED.—American Homeopathic Review, June, 1863.—Cincinnati Medical and Surgical News, May and June, 1863.—Edinburg Medical Journal, May, 1863.—The Chemist and Druggist, Vol. iv., No. 45.—Philadelphia Medical and Surgical Reporter, Vol. x., Nos. 4, 5, 6 and 7.—Dental Register of the West, May, 1863.—London Lancet, April 4, 11, 18, 25, May 2, 9, 16, 23, and 30.—American Medical Times, Vol. vi., Nos. 22, 23, 24 and 25.—San Francisco Medical Press, April, 1863.—Medical News and Library, June, 1863.—The Cincinnati Lancet and Observer, June, 1863.—Chicago Medical Journal, June, 1863.—Journal de Médecine de Bordeaux, May, 1863.—The Buffalo Medical and Surgical Journal, June, 1863.—The Scalpel, Vol. 12, No. 3.—The Sanitary Reporter, Vol. i., Nos. 1 and 2.

MARRIED.—In this city, June 18th, Dr. J. McLean Hayward to Miss Katherine H. Cobb, both of Boston.—At Dedham, June 11th, George I. Townsend, M.D., of South Natick, to Miss Lucy M. Richards, of Dover.

DIED.—Fell, at the battle of Chancellorsville, Va., May 3d, 1863, Surgeon C. A. Hartmann, of Cleveland, Ohio.—At Clinton, La., on the 21st of April, of typhoid fever, William Henry Jewell, son of Dr. Wilson Jewell, of Philadelphia.—In Philadelphia, June 3d, John Watson, M.D., of that city.

DEATHS IN BOSTON for the week ending Saturday noon, June 20th, 52. Males, 28—Females, 24.—Accident, 1—apoplexy, 2—congestion of the brain, 1—disease of the brain, 1— inflammation of the brain, 1—bronchitis, 1—cancer, 2—consumption, 10—croup, 1—dropsy of the brain, 1—dysentery, 1—epilepsy, 1—fever, 2—scarlet fever, 1—typhoid fever, 3—gas-tritis, 1—disease of the heart, 2—infantile disease, 4—intemperance, 3—disease of the kidneys, 1—Inflammation of the lungs, 3—old age, 2—premature birth, 1—puerperal disease, 1—scalded, 1—sore throat, 2—unknown, 2.

Under 5 years of age, 19—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 5. Born in the United States, 31—Ireland, 18—other places, 2.